REQUEST FOR DUPLICATE OR REPLACEMENT DIPLOMA

University of North Texas Health Science Center
Office of the Registrar, EAD 244
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699
(817) 735-2201 / Fax (817) 735-0448
registrar@unthsc.edu

A check or money order made payable to UNTHSC must accompany this order. Charge: **$50 for doctoral; $40 for master; $25 for certificate**
NOTE: Duplicate/Replacement diplomas will bear the signature of the current university officials.
Questions regarding data collected may be directed to the Registrar. (HB 1922)

(Please Print)

Student ID OR Social Security Number	Last Name First Name Middle Name
Date of Birth	Daytime Telephone Number
Today's Date	Other Names Used While Enrolled at UNTHSC

Program			**Print Name to Appear on Diploma:**
☐ **GSBS**	☐ **TCOM-DO**	**Class of _____**	
☐ **SPH**	☐ **SHP-PA**	**Class of _____**	**Degree and Date Awarded:**
☐ **SCP Class of _____**	☐ **SHP-PT**	**Class of _____**	

If this order is for a duplicate/replacement diploma bearing a name that is different from the one on your original diploma, please follow the steps below:

1. **Please list the reason for the name change: _____**
   _____
2. **Submit a certified copy of an official document which attests to the legal changing of your name, such as a marriage license or divorce decree.**

Address to mail diploma:

_____
_____
_____
_____

☐ **I wish to pick up my diploma in person**

I certify that I am the person whose name appears on the name line of this form, and do hereby authorize release of my academic records to the address listed.

_____
Signature

For Office Use Only

Date Request Completed_____

Paid_____ check #_____ ($25 returned check fee)